ENTRY BLANK—PLEASE TYPE OR PRINT

☐ Ms./Artist ☐ 🗸	ohn T. Se-	
Permanent 20 Address	U. Pank St	(last name last)
St	treet	City
44074	Daytime Tel. (216	775.8091
Zip	area	
Temporary or Studio Address	Profession St.	
	Street	City
the parties	Daytime Tel. ()
Zip	area	111 1 - 1
If you do not presently Reserve, in which coun	live in one of the countie	s of the Western
Collaborator (if any)		_
Artist will pick up at Museum should dis		
	Street	
City	State	Zip
Special Instructio	ns	
Entry Blank must be co	empleted in full and signed	; forms received unsigned

will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature _

I have received the unsold/unaccepted object(s) in good condition.

□ Paintings

□ Sculpture

NOT ACCEPTED

DATE

☐ Graphics ☐ Crafts

Photography

(specify category)

Detach entire portion along dotted line and submit with slides, but retain tags

NOT ACCEPTED